

# THE Forum *For the New Millennium . . .* NEWSLETTER

Association for Death Education and Counseling

Volume 26, Issue 3 (Reprint)

*An International, Interdisciplinary Organization*

May/June 2000

PROFESSIONAL DEVELOPMENT THEME—SUICIDE

## Suicide: How Can We Talk to the Children?

*By Linda Goldman*



### What Is Suicide? A Child's Definition

Suicide is when people decide they do not want their body to work anymore and they stop their body from working. They are so, so, so sad or so, so, so angry or so, so, so depressed that their mind becomes mixed up. They forget they can get help. There is always another way (Goldman, 1998).

### Children and Suicide in Today's World

The topic of suicide and children is one that has been approached with great difficulty. All too often parents, educators, therapists, and other caring professionals are unwilling or unable to speak of the issues surrounding suicide with today's youth. Yet in our nation and in our world, young people are inundated and overwhelmed directly and vicariously with issues of suicide. The media, acting as a surrogate parent, extended family, and ongoing source of amusement and stimulation creates graphic accounts for all kids to witness, and potentially glorify and imitate. Suicide/murder rampages in our schools, suicide/murder devastations within family systems and terrorist suicide/murder traumas within our communities are relived over and over again in the name of news.

Children as survivors of suicide are becoming an increasingly large population. Thousands of children a year will have a parent die of suicide, while hundreds of thousands of others will live with friends or family members suffering from depression and suicidal thoughts. Suicide has become the second leading cause of death with young people in the United States today, with one young person every 90 minutes dying of suicide. Children at younger and younger ages are living with suicidal ideation, making suicide attempts, and dying of suicide.

Our inability to discuss the topic of suicide openly with children can create an atmosphere of fear, isolation and loneliness that can be far more devastating than the death of a loved one. As grief therapists, counselors, and educators, we need to create and model ways to discuss suicide with children through the use of age-appropriate language, teachable moments, and non-judgmental values.

When suicide/murder rampages such as the tragedy at Columbine High are broadcast by the media for our children to witness

repeatedly, we can create a "teachable moment" of dialogue about the subject of suicide, present viable alternatives and policies to bullying and victimization, and provide safe ways to work through dangerous and scary feelings in our classrooms, homes, and communities.

Therapists and educators must provide models of constructive ways to cope with depression, and explain how to deal with others who may be thinking or acting as if they want to harm themselves. Training for children, therapists and educators on suicide awareness, (targeting signs of depression in children and adolescents and ways to work with them), and open and honest dialogue about difficult subjects can ease the way to a natural grief process by eliminating much of the guilt, shame, and silence surrounding today's youth and suicide.

A useful paradigm for working with kids and suicide is remembering "What is mentionable is manageable." Helping children define suicide, giving age-appropriate explanations, remembering good and difficult memories about the loved one, sharing real life events about their depression, and listening without judgment about issues involving suicide can begin to free the natural flow of grief all too often blocked when a suicide occurs.

### The Silence of Suicide

Our society so often sends out a message that children are too young to talk about suicide. A first grade teacher died of suicide and the school requested help with the children. "Linda, please help us talk with the children about death. We've decided not to tell the children about the suicide." I find my hands are tied. If I must persist in emphasizing that without telling the children the truth, they cannot fully grieve the death of their teacher. Similarly, in another case, a twelve-year-old named Thomas hung himself on the playground after school. The next morning, the tree where he died was cut down. This school system never mentioned to any of the students how Thomas died.

When Ellen was six, her mom died of suicide. Just before being sent off to camp, she was told that Mom died, but not told how. At age twenty, Ellen learned that it was suicide. Devastated and shocked, Ellen spent many of her adult years feeling angry, frustrated, and

*Continued on page 2*

## Suicide: How Can We Talk to the Children?

continued from page 1

cheated. Not only did she grieve the death of her mom and the way she died, but also loss of trust in her childhood emotional environment. "It wasn't my mother's irrational act that was so upsetting," Ellen explained, "but the way the adults around me handled that act!"

### Talk to Kids about Suicide

Counselors, therapists, educators, parents, and other caring professionals must explore the topic of suicide openly with children. Only then can we break through the barriers of shame and secrecy that accompany this topic, and create fertile ground for the resolution of this complicated grief situation. It is natural for children to grieve the death of someone who is a significant person in their lives. This can be all the more difficult because suicide creates a set of traumatic emotional issues that tend to separate the child from the natural flow of grief. So often a child can not say that their special person died because they would have to say *how* that person died. These unexpressed and unresolved life issues, these frozen blocks of time, create a wall of ice between the child and his or her grief. It is up to caring adults to help melt down that wall.

Grief counselors, educators, and therapists need to achieve an openness about this previously closed topic of suicide by:

1. Stressing the underlying belief that we always need to separate the person who died from the way that person died to truly grieve the person's death.
2. Defining suicide to children in simple and direct language that eliminates judgement.

### Words to Use with Children and Suicide

**Death:** Death is when a person's body stops working.

**Depression:** Extreme feelings of sadness and hopelessness that last a long time.

**Guilt:** A feeling that makes us think we are the cause of something and that we may have done something wrong.

**Grief:** The natural feelings we feel after someone close to us has died. We can feel sad, angry, frightened, or guilty.

**Suicide:** The act of killing yourself so that your body won't work anymore. People may do this when they feel there is no other way they can think of to solve their problems that there is no other way they can think of to escape their pain, or they may feel at the moment that life is not worth living. People can get help.

### Suicide and the Surviving Parent or Guardian

Seven-year-old Mary's mom died of suicide, her dad, Mark, could not bring himself to tell Mary the truth. It is essential to work with the surviving parent or guardian and provide a model of language to use with suicide and reduce current fear levels. Role-plays involving role reversals with parent and therapist can help create a comfort zone. Mary had been fighting with kids in school, espe-

cially when they would ask her how her mom died. She was told Mom had died of a stroke. Somewhere kids sense they are being lied to, and uncertainty and potential rage become an all-pervasive part of their life. The terror of telling his daughter and the overwhelming shame of his wife's suicide had silenced his voice. Mark decided to put his explanation in writing as a first step to safeguarding his truth, externalizing his secret, and creating the possibility of talking to Mary about Mom's death.

Mark talked about suicide in the letter to Mary by:

1. **Defining suicide.** That means "she decided to make her body stop working." Mom was having problems keeping her thinking straight. She would get depressed and scared way beyond the normal way we all sometimes get depressed and scared. She went to a doctor, but he wasn't able to help her very much. The more depressed and scared she got, the more mixed up her thinking became. She was not able to organize her life, she would just not show up at work, she would do strange things like yell at the mailman one day and then the next day forget she ever did that."
2. **Telling age-appropriate facts about what happened.** "One day Mom took a whole bottle of sleeping pills. It made her body stop working. We don't know if she was confused and only meant to take 1 or 2 pills or if she meant to take them all, knowing that it could make her body stop working and die."
3. **Re-telling good memories.** "When Mom wasn't feeling mixed up, she would like to be with you. She would read to you, sing to you, and loved to rock you in her arms. She talked a lot about how much she loved you and how scared she was that she was not a good enough mother."
4. **Dispelling myths of suicide.** "We don't know all the reasons some people do this. Sometimes kids may worry that if a parent decides to end their own life, they might too. Suicide is not catching, like a cold. It is not hereditary or genetic, like having blue eyes. Mom's depression and decision not to live belonged to her. You are separate and in no way did you cause or create it."
5. **Modeling feelings and thoughts.** "Sometimes I wish Mom would have realized how much we would miss her because we loved her so much. And she would have looked harder for another way if only to not cause us so much sadness and pain. It makes me very angry because I miss her so very much."
6. **Providing alternatives.** "Mary, Mommy made a very big mistake. She felt that ending her own life was the answer to her problems. Nobody knows what the right solution might have been, but we would have continued to help her look. There's always another way."

### Suicide, Shame, and Stigma

Kelly was a fifth-grader whose dad died of suicide on her birthday, just before her summer vacation. She spent the summer alone, angry, and ashamed. When Kelly began a new school in the fall, I

## Suicide: How Can We Talk to the Children?

continued from page 2

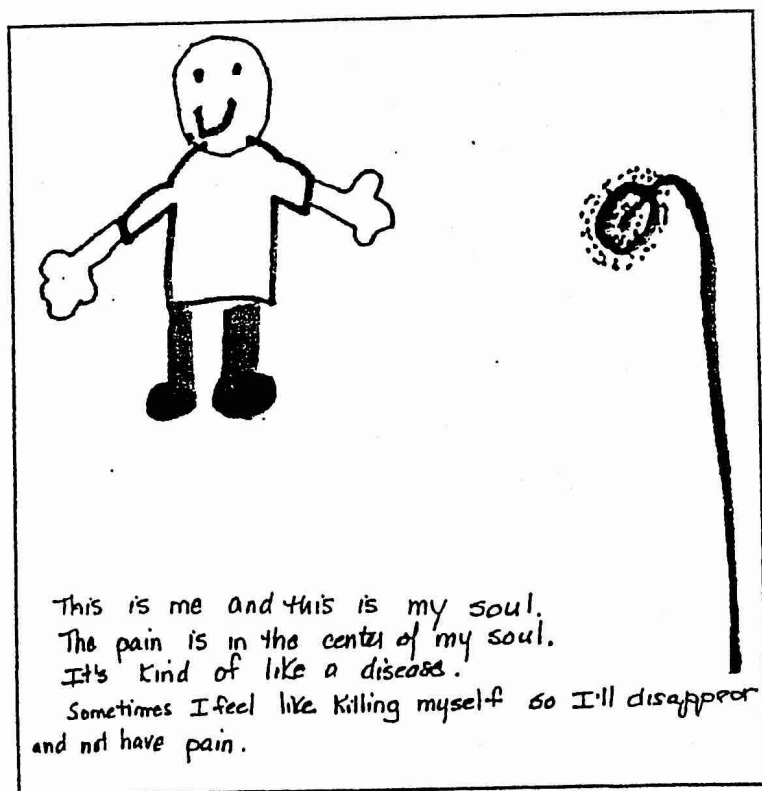
asked if she had called any of her old friends. "No," she explained, "I did not because if I called them I would have to tell them that my dad died and then I would have to tell them how my dad died." Remaining ashamed and silent, Kelly experienced not only the death of her dad, the shame and stigma around the way her dad died, but the secondary loss of friendships as well.

### Loss of Trust of the Emotional Environment

Kelly experienced yet another loss after her dad's suicide, the loss of the trust of her emotional environment. Soon after her dad's death, Kelly began feeling Mom was always "on her case," fearful of drug use, promiscuity, and failing grades. Six months later, Mom shared a deep secret; her husband left this note. "It is your fault I am killing myself. Please do not tell Kelly how I died. And remember to keep an eye on her because you know suicide runs in our family." Only after she could speak of this note could she begin to acknowledge the overwhelming terror of the prophecy that suicide could happen to her daughter too.

### Magical Thinking, Guilt, and Over-Responsibility

Jane was a ten-year-old whose mother had died of suicide by shooting herself in the head in the closet of her bedroom while Jane was watching TV. Jane told her counselor at school that she was happy



A child illustrates his feelings after the sudden death of his brother.

Reprinted with permission, in *Breaking the silence: A guide to help children with complicated grief.* (Goldman, 1996).

## Books for Children About Suicide

- Garland, S. (1994). *I never knew your name*. New York: Ticknor & Fields. A young boy expresses regret over not creating a friendship with a lonely teenage neighbor who dies by suicide. Ages 6-10.
- Goldman, L. (1998). *Bart speaks out: An interactive storybook for young children on suicide*. Los Angeles: WPS Publishers. An interactive storybook about Bart, who has a master that has died by suicide. A gentle, open way to discuss suicide with young children. Also can be used as a workbook. Ages 4-10.
- Norton, Yuri. (1993). *Dear Uncle Dave*. Barre, Vermont: Northlight Studio Press. Nine-year-old Yuri writes a moving book about her life and memories of Uncle Dave, who died of suicide. Ages 5-11.
- Rogers, F. (1991). *Good weather or not*. Homestead, PA: Turtle Creek Valley Inc. This is a book for young children about a child living with a depressed parent. Ages 5-10.
- Sanford, D. (1993). *It won't last forever*. Sisters, OR: Questar Publications. This is the story of Kristen, a little girl who worries over her mom's ongoing sadness. Explains depression to children. Ages 6-10.
- Ulrich, J. (1990). *I wish I were in a lonely meadow: When a parent commits suicide*. Portland, OR: Dougy Center. This book is a compilation of children's own writings about their experiences with a parent's suicide. Ages 9-15.

## Books for Adults on Children's Suicide Issues

- AAA School Suicide Prevention Programs Committee. (2nd Ed.) *Suicide prevention guidelines: Suggestions for dealing with the aftermath of suicide in the schools*. Washington, DC: American Association of Suicidology.
- Celotta, B. (1991). *Generic crisis intervention procedures: For youth suicide crisis intervention in school settings*. Gaithersburg, MD: Celotta.
- Fitzgerald, H. (1992). *The grieving child*. New York: Henry Holt and Co.
- Goldman, L. (1996). *Breaking the silence: A guide to help children with complicated grief: Suicide, homicide, AIDS, violence, and abuse*. Muncie, IN: Accelerated Development.
- Goldman, L. (2000). 2nd Ed. *Life and loss: A guide to help grieving children*. Muncie, IN: Accelerated Development.
- MacLean, G. (1990). *Suicide in children and adolescents*. Lewiston, NY: Hogrefe & Huber.
- Miller, A. (1984). *For your own good*. New York: Farrar, Straus, and Giroux.
- Parkin, R., & Dunne-Maxim, K. *Child survivors of suicide: A guidebook for those who care for them*. New Jersey: American Suicide Foundation.
- Shamos, T., & Patros, P. (1990). *"I want to kill myself"*. Lexington, MA: Lexington Books.
- Stillion, J., McDowell, E., & May, J. (1989). *Suicide across the lifespan-premature exits* (2nd Ed.). Philadelphia, PA: Hemisphere.
- Webb, N.B. (2000). *Play therapy with children in crisis*. New York: Guilford Press.

Continued on page 4

## Suicide: How Can We Talk to the Children?

continued from page 3

her mom killed herself. She explained, "My mom wanted to kill herself and if she is happy, I am happy." Jane's mom had suffered with depression for many years, and Jane had explained to her counselor, "It was my job to make my mom happy and I could never do it right." Kids and adults often feel an overresponsibility, guilt, and magical thinking that they could have saved this person.

Sometimes with difficult relationships, children may feel a conscious or unconscious sense of relief that they no longer have the impossible task of making that person happy and well.

### Suicidal Thoughts and Feelings in Children

Children can experience depression and not have the language or the emotional support to process difficult feelings. These thoughts and feelings often remain hidden, with no outlet. Often children cannot or will not verbalize their feelings directly, and need outlets for feelings of self-hatred, guilt, and self-destruction. Without appropriate role models, the emotional environment can reinforce silence. Children may be terrified of telling some deep family secret because of shame or personal threats. Projective techniques can often open the locked doors to children's underlying and hidden grief.

Depression in young children may appear as false smiles, hyperactivity, inability to concentrate, bullying, withdrawal, or isolation. As difficult as it is for parents and professionals to see and hear a child's feelings of agony, we can only imagine how much harder it would be for the child to live with these feelings in silence.

### Activities to Use with Children as They Deal with Suicide

- Provide tools to help children recognize their support system.
- Create an assignment with children called "*The Circle of Trust*." Children place their picture or name in the center of concentric circles, then place people they trust the most in the next circle with phone numbers, people they trust next in the next circle, and people they don't trust outside the circles. This tool can be used to help children increase their awareness of their safe support system.
- Use projective techniques with children. Storytelling, drawing, puppets, clay figures, sand table figures, punching bags and foam bats and balls are extremely effective ways of working through difficult thoughts and feelings.
- Make a memory book about the person who died. Remind the child that the suicide was not the child's fault.
- Make a collage with magazines and newspapers of ways to work through painful and overwhelming feelings safely.
- Encourage the child to write a letter to the person who has died of suicide, expressing feelings about that person and about how that person died.
- Provide a "worry box" where children can place written or drawn worries about suicide.

Continued on page 5

## Recommendations for Grief Therapists and Educators

### Talk to children about suicide

- Define suicide as when "someone chooses to make their body stop working."
- Give age-appropriate facts and explanations.
- Dispel myths of suicide.
- Retell good memories.
- Model feelings and thoughts for children.
- Emphasize suicide is a mistake because there "is always another way out."
- Use third person language because it is less threatening to kids. "Many people feel suicide is..." This enables children to open up more easily.

### Recognize signs of complicated grief issues in children

- Outbursts of aggressiveness or withdrawal
- Extreme feelings of unworthiness or powerlessness
- Nightmares, bedwetting, regressive behaviors
- Conflicted relationship with person that died
- Poor grades
- Withdrawal from school and social activities
- Extreme guilt and overresponsibility about the person who died
- Hyperactivity, impulsivity, and inability to concentrate
- Giving away possessions and planning their own funeral

### Screen for at-risk children

- Caring professionals need to be vigilant in screening for at-risk children, beginning in the elementary school
- Child survivors of suicide may be at-risk-depressed children.
- Depressed children respond consistently to these questions:

Do you feel sad all of the time?

Do you feel hopeless all of the time?

As a simple at-risk screening tool, ask young children to write or draw:

- What makes you the most angry?
- What makes you very sad?
- What do you wish for the most?
- What scares you the most?

## Suicide: How Can We Talk to the Children?

continued from page 4

- Use activities involving writing, drawing, or talking about secrets:
  - *Secret Witch* is a stuffed toy with an opening in her mouth into which kids can put their secrets.
  - *Secret marker* hides writing until rewritten with uncoding marker.
  - *Lemon juice with a paintbrush* hides secret until message put under light.
  - *Tape recorder talk* is a time when children can whisper their secrets into a tape recorder and play it back *only* if they choose to share them.
  - *Computers for storytelling and writing secrets.* Children can create a secret file and share if they choose. Remind children they can share their secrets only if they wish, and that some secrets are for sharing. (Adapted from *Breaking the Silence*, 1996).

### About the Author

*Linda Goldman holds an M.S. degree in counseling and a Master's Equivalency in early childhood education. She is a member of the ADEC Board of Directors and has written numerous articles for The Forum, The Head Start Journal, The Young Child, and Educational Leadership. She is a well-respected therapist, has been involved with Hospice in a variety of contexts, and uses her many insights to help train others who care about children.*